## PART B - FEE(S) TRANSMITTAL

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STITES & HA 1199 NORTH F SUITE 900	I S au tr	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
ALEXANDRIA	, VA 22314						(Depositor's name)
			_				(Signature)
			L				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	)R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/647,051 FITLE OF INVENTION	08/25/2003 : EAR DUCT CLEANIN	NG DEVICE	Corrado Di Ceccó		P08	032US00/MP	1570
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0		\$1020	02/08/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS				
THALER, MICHAEL H		3731	606-162000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alterna (2) the name of a sin registered attorney o 2 registered patent a listed, no name will	tup to 3 registered patent attorneys dernatively,  a single firm (having as a member a ey or agent) and the names of up to nt attorneys or agents. If no name is will be printed.  1 Stites & Harbison PLLC  Marvin Petry  2			
PLEASE NOTE: Unl recordation as set forti (A) NAME OF ASSIG	ess an assignee is ident h in 37 CFR 3.11. Comp GNEE	A TO BE PRINTED ON 7 ified below, no assignce pletion of this form is NO categories (will not be pr	data will appear on the T a substitute for filing a (B) RESIDENCE: (CI'	patent. If an assign in assignment. TY and STATE OR C	COUNTR	Y)	nument has been filed for
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  Issue Fee  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-0555 (enclose an extra copy of this form							
5. Change in Entity Sta	tus (from status indicateds SMALL ENTITY state	•	☐ b. Applicant is no le	onger claiming SMA	I ENTI	TV status See 37 CFI	2 1 27(a)(2)
NOTE: The Issue Fee an	d Publication Fee (if req		d from anyone other that				assignee or other party in
Authorized Signature		' 4		Date <u>Ja</u>		y 29, 2008	3
Typed or printed name							d Tioppo
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